



## PART B - FEE(S) TRANSMITTAL

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APPLICATION NO.	FILING DATE	FIR	ST NAMED INVE	NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/522,026 TITLE OF INVENTION: IN COUPLED TO THE MICRO	10/08/1998 TEGRATED CIRCU CONTROLLER	JIT (IC) PACKAGE WI	Scott Fink TH A MICROC	CONTROLLER HA	068354.0161 VING AN N-BIT BUS AND	2095 O UP TO N-PINS	
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CPR 1.363).  Change of correspondence Address form PTO/SB/122)	e address (or Change of attached.	dress or indication of "Fee Address" (37 ddress (or Change of Correspondence ached. "Fee Address" Indication form Customer Number is required.		2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  BAKER BOTTS L.P.  2			
(A) NAME OF ASSIGNEE MICROCHIP TEC	HNOLOGY INC	(B) RE	SIDENCE: (CIT	Y and STATE OR CO		mment.	
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Authorized Signature)  Paul W Lot  NOTE; The Issue Fee and other than the applicant; a reinterest as shown by the record	PAUL N. R REG. NO.	35,917 07/0	1/2002 d from anyone other party in	07/08/2002	RMEBRAH1 00000205 09522	026	
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